

BEST AVAILABLE COPY

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|--|----------|------|------------------------|------|------------------------|------------------------------|--|-------------|------|
| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. <u>10-049,137</u> | | FILING DATE | |
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. |
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| TOTAL IND. | 2 | | | | | | | | |
| TOTAL DEP. | 15 | | | | | | | | |
| TOTAL CLAIMS | 17 | | | | | | | | |